MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

# MEDICAID ELIGIBILITY AUTHORIZATION

| | | | |
|---|---|---|---|
| FROM | CASEWORKER NAME | TELEPHONE NUMBER | DATE |
| | COUNTY OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE) | | |
| TO | NAME | | |
| | ADDRESS (STREET OR P.O. BOX NO.) | | |
| | CITY STATE ZIP | | |
| RE | CASE NAME | CASE NUMBER | |

This is to certify that the following person(s) is receiving assistance benefits from our agency and is eligible for Medicaid benefits.

This Form is Replacing a Lost Card/Letter: ☐ Yes ☐ No General Relief Case: ☐ Yes ☐ No
Lock-in Case: ☐ Yes ☐ No Hospice Case: ☐ Yes ☐ No

| QMB | NAME (LAST) (FIRST) (MIDDLE) | FIVE PRESCRIPTION LIMIT | MEDICAID NO. | PERIOD OF COVERAGE FROM | TO |
|---|---|---|---|---|---|
| | | ☐☐☐☐☐ | | | |
| | | ☐☐☐☐☐ | | | |
| | | ☐☐☐☐☐ | | | |
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**TO THE VENDOR:**

**FIVE (5) PRESCRIPTION LIMITATION:** Each time you fill or refill a Medicaid covered prescription, you must mark one of the prescription limitation boxes, to indicate the number of individual prescriptions the claimant has received and for which Medicaid will pay. If all five boxes have been marked, the claimant is not eligible for further Medicaid payment of drug charges in the current month.

**QUALIFIED MEDICARE BENEFICIARIES:** Individuals with a "Y" indicator in the QMB field are eligible for benefits in addition to regular Medicaid, which include Medicare covered services. Total Medicaid payment for Medicare covered services will consist of co-insurance and deductible amounts, as determined by the Medicare program.

**HOSPICE INFORMATION:** When hospice care is noted, providers are encouraged to contact the hospice indicated about who to bill for specific services.

| HOSPICE INFORMATION |
|---|
| CLIENT NAME |
| HOSPICE NAME |
| ADDRESS |
| PHONE |

**MEDICAID-LOCK-IN PROGRAM**

☐ PHYSICIAN ☐ PHARMACY ☐ OPTOMETRIST
☐ DENTIST ☐ PODIATRY ☐ O.P.-E.R. FACILITY

NAME
ADDRESS
NAME
ADDRESS
CASEWORKER SIGNATURE
▶

| THIRD PARTY LIABILITY | |
|---|---|
| NAME | |
| INS. CO. | INS. CODE |
| NAME | |
| INS. CO. | INS. CODE |
| NAME | |
| INS. CO. | INS. CODE |
| NAME | |
| INS. CO. | INS. CODE |